



Non-Represented Employee Group

Benefit Guide for 2024-2025 Plan Year

October 1, 2024 – September 30, 2025

Portland Public Schools

Portland Public Schools (PPS) offers a comprehensive benefit package designed to provide employees and their families with a range of employer and employee paid benefit options. **It is the employee's responsibility to enroll online in a timely manner to activate benefit elections of their choice and process his/her employment with PPS.** Additional PPS benefits information for the Non-Represented Employee Group may be found on the Benefits website at: <https://www.pps.net/Page/1636>.

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PEOPLESOFT EMPLOYEE SELF-SERVICE (ESS)

The **PeopleSoft Employee Self-Service (ESS) Portal** (<https://selfservice.pps.net>) gives employees access to view and make changes to certain personal information:

- Paychecks
- W-2
- Tax Withholding Allowances (W-4)
- Direct Deposit
- Home Addresses
- Phone Numbers
- Personal Email Addresses
- Emergency Contacts
- Benefits Enrollment
- Dependent/Beneficiary Information
- Add Life Events
- 403(b) Changes

This is a secure site that will maintain data integrity while also allowing access to your vital information and is accessible from inside and outside of the PPS network.

PeopleSoft ESS Login Issues? Contact **PPS IT Service Desk** at 503-916-3375

HEALTH INSURANCE PACKAGE

WHAT IS INCLUDED IN MY HEALTH INSURANCE PACKAGE?

Full-Time Non-Represented Employees:

- To qualify for the full-time employee health insurance package, you must be regularly scheduled to work at least 30 hours per week (0.75 FTE).

Part-Time Non-Represented Employees:

- To qualify for the part-time employee health insurance package, you must be regularly scheduled to work at least 20 hours per week (0.50 FTE), but less than 30 hours per week (0.74 FTE)

The health insurance package for Non-Represented Employees includes:

- **Medical & Prescription**
PPS offers two (2) Moda medical plans and two (2) Kaiser Permanente HMO medical plans to choose from. These plans have no pre-existing condition waiting periods. New employees have a 31-calendar day window from their date of hire to enroll in the medical plan of their choice. Newly benefits eligible employees have a 31-calendar day window from the date of their employment change to enroll in the medical plan of their choice. All medical plans include prescription benefits.

- **Health Savings Account (HSA) - Moda Plan 6 or Kaiser Plan 3 ONLY**
Optum Group ID Number: S00830

An HSA is a pre-tax account established to pay for qualified medical expenses for those who are covered under a High Deductible Health Plan. Employees who enroll in a PPS High Deductible Health Plan, Moda Plan 6 **OR** Kaiser Plan 3, will have the option to set up an HSA.

For full-time employees only, the District contributes the following monthly amount into an Optum HSA account in their name:

- Employee Only: \$175/month
- Employee + Spouse: \$300/month
- Employee + Children / Family: \$300/month

Employees may elect additional voluntary, pre-tax payroll deductions into their HSA (IRS limits apply). Employees must enroll in this plan when enrolling in the medical plan in order for the District to contribute to their HSA.

- **Vision**
All Non-Represented employees enrolled in a medical plan will have VSP Choice Plus Plan vision insurance coverage.

- **Dental**

All Non-Represented employees in a medical plan will have dental insurance coverage. Three (3) dental plan options are offered: Delta Dental Plan 5, Delta Dental Plan 6, and Kaiser Plan 8. New employees have a 31-calendar day window from their date of hire to enroll in the dental plan of their choice. Newly benefits eligible employees have a 31-calendar day window from the date of their employment change to enroll in the dental plan of their choice.

- **IMPORTANT:** If you do not enroll yourself or your dependents when initially eligible, and then enroll during the next Annual Open Enrollment period, newly enrolled member(s) will be subject to a 12-month dental waiting period, meaning only diagnostic and preventative care on the dental plans will be covered for the first full 12 months of coverage. Exceptions may apply if you enroll due to a qualifying status change.

- **Group Term Life** | *The Standard Group Policy Number: 646595*

Eligible full-time and part-time employees are automatically enrolled in a **District-paid** group term life insurance policy two-times (2x) their annual salary to a maximum of \$300,000. We strongly encourage you to add your beneficiary(ies) at the time you enroll.

Group Term Life Insurance coverage will end at the end of the month of termination. This coverage does have conversion and portability options on a self-pay basis. Application must be made within 31-days after your life insurance ends. For more information, contact **The Standard** at 866-756-8115

- **OEBB Certificate of Group Term Life Insurance Coverage** - The Standard Insurance Company: <https://bit.ly/3A8YdQf>

- **Long Term Disability (LTD)** | *The Standard Group Policy Number: 646595*

Eligible full-time and part-time employees are automatically enrolled in **District-paid** Long Term Disability (LTD) insurance. The LTD insurance is a salary replacement policy for a disability. Following a 90-day waiting period, benefits are payable at the rate of 66 2/3% of pre-disability income up to a maximum of \$8,000 per month.

LTD coverage will end on your last day of employment. You may be able to convert your LTD when your coverage ends. Application must be made within 31-days after your LTD insurance ends. If you are retiring from the District, you will not be eligible to convert your LTD. For more information, contact **The Standard** at 866-756-8115.

- **OEBB Certificate of Group Long Term Disability Insurance Coverage** - The Standard Insurance Company: <https://bit.ly/3pu9rtF>

- **OEBB/PEBB Double-Coverage**

If you are a full-time active employee and you cover a dependent on your OEBB medical coverage who is also a full-time active employee and enrolled in their own OEBB or PEBB medical plan through their own employment, you will pay a \$5 per month surcharge for this double-coverage. This surcharge is a state law that went into effect October 1, 2020.

WHAT IS THE COST OF HEALTH INSURANCE PACKAGE?

Most District employees share in the cost of health insurance premiums. The payroll deductions for medical insurance are withheld from the employee's pay on a pre-tax basis. Premiums are deducted the month prior to coverage (i.e., September paycheck pays for October coverage).

For monthly rates/costs, visit our **Non-Represented Employee Group webpage** at <https://www.pps.net/Page/1636>.

OPT-OUT INCENTIVE

Full-Time Non-Represented Employees (over 30 hours per week) may choose to opt-out of PPS health insurance coverage (medical/prescription, dental, and vision) and receive a **\$400 taxable monthly stipend** if they have other employer sponsored health insurance coverage, Medicare, or Tricare.

To opt-out as a new employee/newly benefits eligible employee, please select the "Opt-Out" option in the medical election section when completing your benefits enrollment Peoplesoft Employee Self-Service (ESS).

Once you opt-out, you will need to wait for the next Annual Open Enrollment Period to enroll in a PPS health insurance package, unless you experience a qualifying event (e.g., marriage, divorce, death, loss of other coverage).

ELIGIBLE DEPENDENTS

- **Legal Spouse** (including same sex married spouse);
- **Domestic Partner** (same sex or opposite sex), living together for six (6) months or more prior to enrolling in PPS benefits - **Affidavit Required**
 - See **Covering a Domestic Partner/Domestic Partner's Child(ren)?** section below for more information
- **Child(ren) Up to Age 26**
 - Biological child, legally adopted or legally placed for adoption
 - Legally placed
 - Step-child
 - Domestic Partner's child - **Affidavit Required**
 - See **Covering a Domestic Partner/Domestic Partner's Child(ren)?** section below for more information
- **Qualifying Disabled Adult Child(ren) Over Age 26**
 - For more information on covering disabled adult children, contact **OEBB (plan administrator)** at 888-469-6322.

You will be required to submit the required documentation for all your dependents enrolled in your PPS health insurance plan

The Affordable Care Act (ACA) requires the District to collect social security numbers for all dependents enrolled in the employee's medical plan. The social security numbers are used as identifiers in reporting health insurance coverage to the IRS. Dependents for which social security numbers are not provided may not be enrolled.

COVERING A DOMESTIC PARTNER/DOMESTIC PARTNER'S CHILD(REN)?

For employees covering a Domestic Partner*/Domestic Partner's Child(ren), the IRS requires the **District to withhold federal and Social Security taxes on the fair market value of the domestic partner and their dependents' coverage**. This is in addition to the base premium that all employees pay based on the plan they choose. State taxes may also be withheld depending on the employee's situation. The Imputed Income is also subject to the 6% PERS contribution for OPSRP Pension Members only (hired on or after August 29, 2003). Please contact the PPS Benefits Department for more details.

For more information on imputed income, please visit our **Non-Represented Employee Group webpage** at <https://www.pps.net/Page/1636>.

IMPORTANT: The value of your domestic partner health insurance coverage is considered a taxable benefit under federal IRS regulations. If you have domestic partner health insurance coverage, an additional taxable income, also known as imputed income, is added to your pay each month and then the appropriate taxes are withheld. The impact on your tax withholding will depend on your gross pay and your W-4 filing status. PPS cannot provide tax advice. We strongly encourage you to seek out a certified tax professional for assistance.

If enrolling a Domestic Partner/Domestic Partner's Child(ren), the domestic partnership must have been established for at least six (6) months preceding the effective date of coverage. A Certificate of Registered Domestic Partnership **OR** an **Affidavit of Domestic Partnership** (<https://www.pps.net/Page/18910>) notarized by an Oregon Notary must be received by the PPS Benefits Department within three (3) days of your enrollment.

- Most banks offer free notary services and only one of the two partners needs to be present.
- PPS does have free notaries available in Human Resources at the Dr. Matthew Prophet Education Center (formerly BESC) by **appointment only**. Email benefits@pps.net to schedule an appointment.

** A **Domestic Partner** is an unmarried individual of the same or opposite sex whom you have been living with for six months or more prior to enrolling in PPS benefits. **NOTE:** A legally married spouse is not a Domestic Partner.*

BENEFITS ENROLLMENT & CHANGES

There are only three times when you can enroll in benefits or possibly make changes to your benefits:

1. As a newly hired or job/work hours change impacting benefits eligibility.
2. **Within 31-calendar days*** of a qualifying event.
3. During Annual Open Enrollment from mid-August to early-September with your benefits beginning on October 1st.

For more information, visit our **Benefits Enrollment & Changes**: <https://www.pps.net/Page/7324>.

*Unless otherwise indicated.

HOW DO I ENROLL IN BENEFITS?

Once your employment information has been processed in the HR computer system, you will receive the Benefits Enrollment Notification to your PPS email account and personal email account (if on file), letting you know your online benefits enrollment event is ready for you to complete and submit in PeopleSoft Employee Self-Service (ESS). You have 31-calendar days from your start date to enroll. You may then follow the **Online Benefits Enrollment Instructions** (<https://www.pps.net/Page/1636>), under **Other Benefits Information** section) to complete and submit your benefits enrollment.

In preparation, we encourage you to do the following before enrolling in benefits:

- View the most current insurance comparison.
- View the most current monthly rates/costs sheet.
- If you will be covering a domestic partner/domestic partner's children, view the most current imputed income rate sheet.
- If you will be covering dependents (spouse/domestic partner/children), gather their dates of birth and social security numbers.
- For your beneficiaries, gather their dates of birth and social security numbers.

HOW DO I MAKE CHANGES TO MY BENEFITS?

IRS rules state that benefit selections may only be changed when an employee experiences a qualifying event **or** during the Annual Open Enrollment period. The employee must complete an online enrollment via PeopleSoft Employee Self-Service (ESS) and upload the appropriate required documentation. The change must be consistent with the event.

QUALIFYING EVENTS

Employees who experience a qualifying event must complete their benefits changes **within 31-calendar days*** from the date of the qualifying event.

*Unless otherwise indicated

For more information and instructions on making changes to your benefits due to a qualifying event, visit:

- **Benefits Enrollment & Changes webpage**: <https://www.pps.net/Page/7324>
- **Qualifying Events for Benefits Enrollment & Changes webpage**: <https://www.pps.net/Page/18906>

ANNUAL OPEN ENROLLMENT PERIOD - MANDATORY

The Annual Open Enrollment Period takes place from mid-October through mid-November each year, and all changes take effect January 1st. This is the time to add or remove dependents or change medical plans. This is a good time to update beneficiary information, as well.

IMPORTANT: Annual Open Enrollment is **mandatory** each year, meaning you **MUST** make an election even if you intend to stay on the same health insurance plan/cover the same dependents.

ELIGIBILITY TIMELINES

New Employees

Newly hired benefits-eligible employees must enroll in their choice of medical plan **within 31-calendar days of their start date**. New employees will receive an email when their online benefits enrollment is available.

Current Employees with a Qualifying Event

Employees who experience a qualifying event have **31-calendar days from the date of the qualifying event*** to make benefit changes.

- For more information, visit our **Qualifying Events for Benefits Enrollment & Changes webpage**:
<https://www.pps.net/Page/18906>.

Current Employees with an FTE Change

Employees who have a qualifying change in FTE have **31-calendar days** to make benefits changes.

Current Employees with a Job Change

Employees with job changes that impact benefits will receive an e-mail when their online benefits enrollment is ready and also have **31-calendar days** to make the change.

IMPORTANT: If the benefits eligible employee does not make a benefit election during this time period, enrollment changes will not be allowed until the next Annual Open Enrollment period or qualifying event.

*Unless otherwise indicated.

INSURANCE ID CARDS

Insurance identification (ID) cards are issued directly from the insurance carriers. Processing time usually takes 3-5 weeks **after** submitting your online benefits enrollment.

If you or a covered dependent need medical attention prior to receipt of your insurance ID cards, please call your medical insurance carrier directly. If the carrier is not showing coverage, contact **OEBB** (plan administrator) for assistance at 888-469-6322.

VSP does not issue insurance ID cards for vision insurance. Contact **VSP** directly for information on how to access your vision insurance benefit at 800-877-7195.

WHEN WILL MY HEALTH INSURANCE BEGIN?

- Non-Represented Employees beginning their first day of work **on or before** the 15th of a month will have coverage beginning the first day of the next calendar month.
 - Example: First day of work is August 7th, so coverage begins September 1st.
- Non-Represented Employees beginning their first day of work is **after** the 15th day of a month will have coverage beginning the first day of the following month.
 - Example: First day of work is August 22nd, so coverage begins October 1st.

WHEN WILL MY HEALTH INSURANCE END?

Coverage will terminate at the end of the month the employee resigns or ceases to be paid, unless employee worked, or was paid, more than half the contract days of the month. Coverage will terminate at the end of the following month in this case.

VOLUNTARY BENEFITS

FLEXIBLE SPENDING ACCOUNT (FSA) - HEALTH CARE FSA & DEPENDENT CARE FSA

The **Flexible Spending Account (FSA)** is a way for you to save income taxes when paying for eligible **Health Care OR Dependent Care** expenses. Normally, the FSA is a use it or lose it plan and any unused funds are forfeited.

- **Health Care FSA**

Related expenses may include medical, prescription, vision and dental insurance co-pays, coinsurance, and deductibles not covered by insurance. The first time you enroll in a Health Care FSA, you will receive a FSA debit card, which allows you to pay directly from your FSA account without having to wait to be reimbursed. Review the **IRS Rules regarding undocumented FSA debit charges** (<https://bit.ly/3K4eURy>).

- 2024-calendar year Health Care FSA maximum contribution limit is \$3,050.

- **Limited Purpose Flexible Spending Account (LFSA)**

Non-Represented employees who have a Health Savings Account (HSA)— must be enrolled in Moda Plan 6 or Kaiser Plan 3 to have an HSA—are eligible to enroll in a Limited Purpose Flexible Spending Account (LFSA) similar to the traditional Health Care FSA. An LFSA allows you to pay for eligible out-of-pocket preventive care for dental, orthodontic, and vision expenses.

- 2024-calendar year Limited FSA maximum contribution limit is \$3,050.

- **Dependent Care FSA**

May be used for a qualifying dependent under the age of 13 or an eligible dependent who is physically or mentally incapable of self-care. You can access account information online and set up recurring payments for reimbursement of dependent care expenses.

- 2024-calendar year Dependent Care FSA maximum contribution limit is \$5,000.

For more information, visit our **Flexible Spending Account (FSA) webpage**: <https://www.pps.net/Page/1652>.

Eligible employees must enroll online at the time of initial benefits enrollment if they wish to participate in one or both of the above FSA plans OR they must wait until the annual open enrollment period, which is generally held in mid-August to early-September for an effective (start) date of October 1st.

IMPORTANT: Employees MUST re-enroll each year at Annual Open Enrollment for their Employee Group to continue participation in the FSA for the next plan year.

OPTIONAL LIFE INSURANCE

Benefits-eligible employees may elect Optional Life Insurance for themselves, their spouse/domestic partner, and child(ren) on a self-pay basis. The employee must be enrolled in a medical plan to be eligible to enroll in Optional Life Insurance. An employee may elect from \$10,000 of coverage to up to five (5) times their annual salary (to a maximum of \$500,000) in increments of \$10,000 and may elect the same for their spouse/domestic partner. Child(ren) under age 26 may be enrolled in Optional Life Insurance in increments of \$2,000 up to \$10,000. Employees pay the full cost of the Optional Life Insurance and premiums are withheld from the employee's pay on an after-tax basis.

New Employees have a guarantee issue amount of \$200,000. Employees who enroll in the Optional Life Insurance may also enroll a spouse or domestic partner, with a guaranteed issue of \$30,000 for new hires or a qualifying event such as marriage. Elections must be made within the eligibility timelines (see above).

Additional information and the Evidence of Insurability form can be found on **The Standard website**:

<https://www.standard.com/mybenefits/oebb/>.

LONG TERM CARE (LTC) INSURANCE

Employees and their family members are eligible to enroll in **Long Term Care (LTC) Insurance** provided by **UNUM**. New employees have a guarantee issue of coverage. You must enroll within 31-days of hire to receive the guarantee issue.

Additional information can be found on the **UNUM website** at <http://unuminfo.com/oebb/>.

TRI-MET TRANSIT PASS

State and Federal tax laws allow employees to pay for the cost of a monthly TriMet Transit Pass on a pre-tax basis, which reduces taxable earnings.

For more information, including how to enroll, visit our **TriMet Transit Pass Program webpage**: <http://www.pps.net/Page/1657>.

CREDIT UNION MEMBERSHIPS

PPS employees and their immediate family members are eligible to join the following credit unions for banking services such as savings, checking, IRAs, Certificates of Deposit, loans, and a variety of other services.

- **OnPoint Community Credit Union**
Customer Service: 1-800-527-3932
- **Consolidated Community Credit Union**
Member Services: 503-232-8070.

RETIREMENT BENEFITS

OPSRP - OREGON PUBLIC SERVICES RETIREMENT PLAN (REQUIRED IF ELIGIBLE)

The **Oregon Public Employees Retirement System (PERS)** is the state retirement plan for employees who work at least 600 hours per year and is mandated by law. Employees hired on or after 08/29/2003 are **PERS OPSRP members** unless membership was previously established by PERS.

PERS OPSRP membership is established after completion of a six (6) month waiting period for employees who work at least 600 hours per year, and requires an employee contribution of 6% of gross salary on a pre-tax basis to the **Individual Account Program (IAP)**. If you are an existing PERS member, your mandatory contributions begin immediately. This contribution is not subject to Federal and State taxes until it is withdrawn from the retirement system. Additionally, the District contributes an amount to the **OPSRP Pension Program** for each covered employee. Vesting usually occurs after five (5) years of working at least 600 hours per year. Members automatically vest at age 65, even if they have worked fewer than five years.

For more information, visit our **Oregon Public Employees Retirement System (PERS) webpage**: <https://www.pps.net/Page/18903>.

403(B) PLAN TAX DEFERRED ANNUITY (VOLUNTARY)

The **403(b) Plan** is a voluntary (optional) supplemental retirement savings program offered under section 403(b) of the Internal Revenue Code and is called the Tax-Sheltered Annuity Plan ("TSA Plan").

The PPS 403(b) Plan is administered by **PenServ**. PPS offers the following types of 403(b) Plans for eligible employees to contribute to:

- **Traditional (pre-tax) 403(b) Plan**; and
- **Roth (after-tax) 403(b) Plan**, subject to vendor acceptance of such contributions.

All contributions to the PPS 403(b) Plan are made by the employee. The District does not contribute toward the 403(b) Plan and there is no Employer Match.

For more information, including how to enroll, visit our **403(b) Plan Tax Deferred Annuity webpage**: <https://www.pps.net/Page/18904>.

OTHER BENEFITS

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The **Employee Assistance Program (EAP)** provides free services to help people privately resolve problems that may interfere with work, family, and life. Here are just a few of the services EAP offers:

- 24-hour Crisis Help
- Childcare Referral & Eldercare Referral
- Confidential Counseling
 - 8 free sessions per situation, per year to all benefits eligible employees and anyone living in their household
- Financial Services
- Identity Theft Services
- Legal & Mediation Services
- Wellness
- Will Preparation

For more information, visit our **Employee Assistance Program webpage**: <https://www.pps.net/Page/1730>.

WHAT LEAVE PLANS ARE AVAILABLE TO ME?

SICK LEAVE

Employees accrue ten (10) to twelve (12) sick days per year. This leave is for absences due to an employee's personal illness and medical appointments. Sick leave may also be used for illness and medical appointments for immediate family members when the presence of the employee is required. Sick leave is paid, limited to the employee's accrued balance.

FUNERAL/BEREAVEMENT LEAVE

This leave is for absences due to the death of a relative or friend. Generally, one (1) day is granted to attend the funeral of a relative or friend, with an additional day, if required, for travel. For a death in the immediate family*, three (3) days with pay, plus two (2) additional days at two-thirds pay, are allowed.

* **Immediate Family** for the purposes of Bereavement Leave, means spouse, domestic partner, children, parents, grandparents, grandchildren, mother-in-law, father-in-law, brothers and sisters, and any person regularly living in the employee's home.

PAID PERSONAL/EMERGENCY LEAVE

All full-time employees receive up to three (3) days with pay for personal business that cannot be addressed outside the employee's work day. Personal Leave is not allowed for vacation or recreational purposes. Absences necessary for an employee's participation in religious observances is an appropriate use of personal leave. Except in the case of an emergency, Personal Leave must be requested and approved in advance.

FAMILY ILLNESS LEAVE

All full-time employees receive up to three (3) Family Illness days with pay, due to illness of an immediate family member* or for someone else who regularly lives in the employee's home when the care or attention of the employee is required. Family Illness Leave may not be used for an employee's own illness.

* Immediate Family Member for purposes of Sick and Family Illness leaves, means spouse, domestic partner, children, parents, brothers, sisters, mother-in-law, father-in-law, grandparents and grandchildren.

HOLIDAYS

Six (6) to nine (9) specific holidays are designated and are paid as part of the work year.

VACATION LEAVE - 260-DAY EMPLOYEES ONLY

Ten (10) to twenty-two (22) vacation days are accrued annually based on the number of months/hours worked and on employment status. This leave is for eligible employees (working 260-days only), and is for whatever purpose an employee may choose, provided that the vacation leave is requested in advance and approved by the supervisor and the employee has sufficient accrued leave to cover their absence. Employees may carry over two (2) years' worth of vacation accruals each July 31st. Anything over that will be forfeited.

- **Non-Represented Vacation Eligibility & Accrual Rate:**
https://www.pps.net/cms/lib/OR01913224/Centricity/Domain/56/rev_06122023_260_Day_Non_Rep_Employee_Vacation_Eligibility.pdf

HEALTH INSURANCE CONTACT & PLAN INFORMATION

PLAN ADMINISTRATOR	<u>OEBB (Oregon Educators Benefit Board)</u> Phone: 888-469-6322 Email: OEBB.benefits@state.or.us Website: http://www.oregon.gov/oha/oebb/Pages/index.aspx
MEDICAL & PRESCRIPTION	<u>Moda Health (Connexus Network)</u> Group ID#: 10006726 Medical Phone: 866-923-0409 (toll-free) 503-265-2909 (local) Prescription Phone: 866-923-0411 (toll-free) Website: https://www.modahealth.com/oebb Health Systems in Connexus Network: https://www.modahealth.com/medical/plans_networks.shtml <u>Kaiser Permanente</u> Group ID#: 018050 Phone: 866-223-2375 Website: http://my.kp.org/oebb/
DENTAL	<u>Moda Delta Dental</u> Group#: 10006726 Phone: 503-265-2910 <u>Kaiser Dental</u> Group#: 15777 Phone: 866-223-2375
VISION	<u>VSP (Vision Service Plan)</u> You receive a greater benefit if you use a VSP provider. Phone: 800-877-7195 Website: https://www.vsp.com/ Note: VSP does <u>NOT</u> issue insurance ID cards.
HEALTH SAVINGS ACCOUNT (HSA) <i>Moda Plan 6 & Kaiser Plan 3 ONLY</i>	<u>Optum</u> Phone: 877-891-1022 Website: https://www.optum.com/financial.html
LIFE INSURANCE <i>Group Term Life Insurance</i> <i>Optional Life Insurance</i>	<u>The Standard</u> Phone: 866-750-3544 Website: http://www.standard.com/mybenefits/oebb
FLEXIBLE SPENDING ACCOUNT (FSA) <i>Health Care FSA</i> <i>Limited Purpose FSA</i> <i>Dependent Care FSA</i>	<u>PacificSource Administrators</u> Phone: 800-422-7038 Website: http://psa.pacificsource.com/PSA
LONG TERM CARE (LTC) INSURANCE	<u>Unum</u> Phone: 800-227-4165 Website: http://unuminfo.com/oebb
PPS BENEFITS DEPARTMENT	<u>PPS Benefits Team</u> Email: benefits@pps.net Phone: 503-916-6464 Website: http://www.pps.net/benefits

*In the event that any statement in this guide varies from any benefit contract in effect,
the benefit contract shall prevail.*